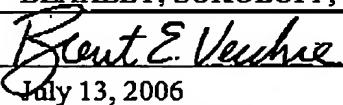
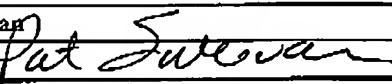


JUL 13 2006

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application No.	10/039,254
		Filing Date	January 2, 2002
		First Named Inventor	Roni Rosner
		Art Unit	2192
		Examiner Name	Eric B. Kiss
Total Number of Pages in This Submission	19	Attorney Docket Number	42390P12485

ENCLOSURES (check all that apply)					
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached		<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers		<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences	
<input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)		<input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application		<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information	
<input checked="" type="checkbox"/> Extension of Time Request		<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer		<input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):	
<input type="checkbox"/> Express Abandonment Request		<input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)		<div style="border: 1px solid black; padding: 5px; width: 150px; height: 50px; margin-left: 10px;"> Facsimile Transmittal Sheet </div>	
<input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO/SB/08		<input type="checkbox"/> Landscape Table on CD			
<input type="checkbox"/> Certified Copy of Priority Document(s)					
<input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA					
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53					
Remarks					

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Brent E. Vecchia, Reg. No. 48,011 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	July 13, 2006

CERTIFICATE OF MAILING/TRANSMISSION			
I hereby certify that this correspondence is being transmitted via facsimile on the date shown below to the United States Patent and Trademark Office.			
Typed or printed name	Pat Sullivan		
Signature		Date	July 13, 2006

Based on PTO/SB/21 (03-04) as modified by Blakely, Sokoloff, Taylor & Zafman (w/ 1/30/2005).
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

4 003

JUL 13 2006

**FEE TRANSMITTAL
for FY 2005**

Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT : **(S)** **120.00**

Complete if Known	
Application Number	10/039,254
Filing Date	January 2, 2002
First Named Inventor	Romi Rosner
Examiner Name	Eric B. Kiss
Art Unit	2192
Attorney Docket No.	42390P12485

METHOD OF PAYMENT (check all that apply)

Check Credit card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayment of fee(s) Credit any overpayments
under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.

FEE CALCULATION

1. EXTRA CLAIM FEES

Large Entity		Small Entity			
Fee	Fee	Fee	Fee	Fee Description	
Code	(S)	Code	(S)		
1202	50	2202	25	Claims in excess of 20	
1201	200	2201	100	Independent claims in excess of 3	
1203	360	2203	150	Multiple Dependent claim, if not paid	
1204	780	2204	395	**Reissue independent claims over original patent	
1205	300	2205	150	**Reissue claims in excess of 20 and over original patent	
		SUBTOTAL (1)		(3)	0.00

**or consider previously paid, if greater. For Refunds, see below.

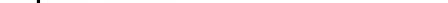
2. ADDITIONAL FEES

Large Entity		Small Entity		Fee Description
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
1051	130	2051	65	Surcharge - late filing fee or oath
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet
2053	130	2053	130	Non-English specification
1251	120	2251	60	Extension for reply within first month
1252	450	2252	225	Extension for reply within second month
1253	1,020	2253	510	Extension for reply within third month
1254	1,500	2254	725	Extension for reply within fourth month
1255	2,160	2255	1,080	Extension for reply within fifth month
1401	500	2401	250	Notice of Appeal
1402	500	2402	250	Filing a brief in support of an appeal
1403	1,000	2403	500	Request for oral hearing
1451		2451		Petition to Institute a public use proceeding
1460	130	2460	130	Petitions to the Commissioner
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)
1808	180	1808	180	Submission of Information Disclosure Stmt
1808	750	1809	385	Filing a submission after final rejection (37 CFR § 1.129(a))
1810	750	2810	585	For each additional invention to be examined (37 CFR § 1.129(b))

Fee Paid
120.00

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Brent E. Vecchia	Registration No. (Attorney/Agent)	48,011	Telephone	(303) 740-1980
Signature				Date	07/13/06

Based on PTO/SB/17 (12-04) as modified by Blatch, Sokoloff, Taylor & Zisman (wir) 12/15/2004.
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22312-1450